

Please VOTE NO on HB477

Modern medicine has greatly extended and improved our lives, and advances in palliative care can help most people die in comfort, provided they have access to it. But as a board-certified physician in family medicine, hospice and palliative medicine, I know from nearly 30 years of experience that some dying patients experience pain and suffering that no medication can relieve. Anyone who tells you otherwise is kidding themselves.

Some people live beyond the end of their natural life, to what I call the "bitter end." This is when aggressive treatment has actually intensified and lengthened suffering to levels never experienced before in the history of mankind. These people, and others in intractable pain, should have access to aid-in-dying medication from their doctor if they want it.

Death with dignity has been authorized in Montana for five years. In the *Baxter* decision, the lower courts ruled that end-of-life freedom, privacy and dignity are rights protected by the Montana Constitution. Then the Montana Supreme Court ruled that Montana Code Annotated protects these rights. The court wrote safeguards into their decision. They said patients must be terminally ill, over 18 years old, mentally competent and must self-administer the medication.

HB477 would send me and my colleagues who provide this compassionate option to prison for ten years. This bill delineates aid in dying as distinct from palliative care by the intent of the physician. How do lawmakers expect to discern this thought crime? Will doctors be afraid to provide adequate palliation for fear of being second-guessed by prosecutors?

I will never understand why anyone wants to insert government into the sacred doctor-patient relationship. Death with dignity has been authorized in Oregon for 17 years without any instance of abuse. This has been rigorously observed by journalists, scientists, and health workers from the OR Health Department. The facts are simply indisputable.

I have heard some say that terminally ill people should be able to end their lives, but that doctors shouldn't help them. I would consider this a failure of the medical system. That I should abandon my patients to end their lives violently and in secret is heinous and devastating to the surviving family members. In Oregon, violent death by people in hospice has virtually disappeared since aid in dying became authorized.

People who utilize aid-in-dying medication are not committing suicide any more than the patriots who jumped from the twin towers to avoid death by fire did. All of the patients I provided this option for wanted to live, but they understood they wouldn't, so instead they wanted to control *how* they died.

I have written aid-in-dying prescriptions for a number of patients. My colleagues and I follow the best-practice Oregon criteria. While the exact type and dose of medication has varied, the process is the same. The medication is mixed with water or juice, the patient ingests it, falls asleep in five to 15 minutes and stops breathing in 30-90 minutes.